Amendment to HB 1809-FN

Amend the bill by replacing section 1 with the following:

- 1 New Section; Prohibition on Balance Billing; Payment for Reasonable Value of Services. Amend RSA 329 by inserting after section 31-a the following new section:
- 329:31-b Prohibition on Balance Billing; Payment for Reasonable Value of Services.
- I. When a commercially insured patient is covered by a managed care plan as defined under RSA 420-J:3, XXV, a health care provider performing anesthesiology, radiology, emergency medicine, or pathology services shall not balance bill the patient for fees or amounts other than copayments, deductibles, or coinsurance, if the service is performed in a hospital or ambulatory surgical center that is in-network under the patient's health insurance plan. This prohibition shall apply whether or not the health care provider is contracted with the patient's insurance carrier.
- II. Pursuant to paragraph I, fees for health care services submitted to an insurance carrier for payment shall be limited to a commercially reasonable value, based on payments for similar services from New Hampshire insurance carriers to New Hampshire health care providers.
- III. In the event of a dispute between a provider and an insurance carrier relative to the reasonable value of a service under this section, the insurance commissioner shall have exclusive jurisdiction under RSA 420-J:8-e to determine if the fee is commercially reasonable. The provider and the insurance carrier shall each make best efforts to resolve any dispute prior to applying to the insurance commissioner for resolution, which shall include presenting to the other party evidence supporting its contention that the fee level it is proposing is commercially reasonable.

Amend RSA 420-J:8-e as inserted by section 2 of the bill by replacing it with the following:

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420-J:8-e Reasonable Value of Health Care Services. In the event of a dispute between a health care provider and an insurance carrier relative to the reasonable value of a service under RSA 329:31-b, the commissioner shall have exclusive jurisdiction to determine if the fee is commercially reasonable. Either the provider or the insurance carrier may petition for a hearing under RSA 400-A:17. The petition shall include the appealing party's evidence and methodology for asserting that the fee is reasonable, and shall detail the efforts made by the parties to resolve the dispute prior to petitioning the commissioner for review.

Amend the bill by replacing section 5 with the following:

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5 Report. The insurance commissioner shall make a report on or before July 1, 2020 detailing the impact of RSA 329:31-b as inserted by section 1 of this act and RSA 420-J:8-e as inserted by section 2 of the act on health insurance premium rates to the chairpersons of the house and senate committees having jurisdiction over insurance issues.

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